IN THE OFFICE OF THE STATE ENGINEER OF NEVADA REQUEST FOR A WAIVER FOR TEMPORARY DEWATERING

The applicant and or person or company	responsible for dr	illing and plug	ging the temporary well
Street and No. Or P.O. Box No.	City or Town	State and Zip Code No.	
Telephone number of responsible party_			
Purpose and reason for requesting this w	aiver:		
Estimated starting and completion dates:	S	tart Date	Completion Date
Location of the temporary water source v	well by public surv	vey:	
¹¼¹¼ Section	T	R	M.D.B. & M.
Latitude and Longitude			
· ·	Or		
Easting and Northing			
County Assessor Parcel Number (APN):			
Estimated amount of water to be used (ga	allons per day x n	umber of days):	:
 Please attach a schematic drawing of vicinity map with this application. 			
If this waiver is an amendment or chadewatering wells installed, please given			1 1 0
• All well(s) shall be installed by a dril	ller who is license	d by the Nevad	a State Engineer.
An Affidavit of Intent to Abandon m	ust be filed with e	ach waiver requ	uest.
After completion of the dewatering proje accordance with NAC 534.420	ect, the well(s) sha	ll be plugged a	nd abandoned in
	By:	Signature, applicant	or agent
TELEPHONE NUMBER		,	
		Street and No. Or P.0	O Box No.
		City	, State, Zip Code